

MAINE BUREAU OF INSURANCE

NAIC Number _____
Company Name _____
Address _____

Calendar Year _____

1.Total Actual Paid Workers' Compensation
Benefits
(Includes both indemnity and medical
payments). _____

2.Total Actual Paid Workers' Compensation
Medical Payments _____

3. Total Benefits Less Medical Payments.
(Lines 1 minus Line 2). _____

Date _____
By* _____
Title _____
Completed By _____
Phone _____
Email Address _____

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a
Reciprocal Insurer.

Line 1 must equal page 20 (state page for Maine), line 16, column 5

To Be Submitted No Later Than March 1

To the attention of:
Tom Michaud
(207) 624-8440
Fax: (207) 624-8599
Thomas.r.michaud@maine.gov

Mail:
Maine Bureau of Insurance
#34 State House Station
Augusta, ME 04333-0034

Overnight/Priority:
Maine Bureau of Insurance
124 Northern Avenue
Gardiner, ME 04345